

Hockey New Zealand

ASSOCIATION TO ASSOCIATION PLAYER TRANSFER FORM

NAME OF PLAYER TRANSFERRING	
SIGNATURE OF THE PLAYER	
NAME OF CLUB TRANSFERRING FROM	
We hereby acknowledge that is a financial member and is free to transfer to any club of his/her choice.	club
Name (Club Secretary)	
Signed (Club Secretary)	
Date Signed	
ASSOCIATION TRANSFERRING FROM	
Name (Association Secretary/Chairperson)	
Signed (Association Secretary/Chairperson)	
Date Signed	
NAME OF CLUB TRANSFERRING TO	
Name (Club Secretary)	
Signed (Club Secretary)	
Date Signed	
ASSOCIATION TRANSFERRING TO	
Name (Association Secretary/Chairperson)	
Signed (Association Secretary/Chairperson)	
Date Signed	

A copy of this form must be retained by both Associations and one copy must be forwarded to Hockey NZ to confirm the Transfer.